



**LICENSURE APPLICATION ADDENDUM:
APPLICANT'S FINANCIAL STATEMENT FORM**
Department of Mental Health & Developmental Disabilities
Office of Licensure

INSTRUCTIONS: The applicant may choose to use this form or provide another written statement for showing financial solvency and responsibility in making application for a license. The financial statement submitted must minimally address the assets, liabilities, and funds available to the applicant for the operation of the applicant's service and/or facility. The financial statement submitted must be signed, dated and must accompany the application for license.

NAME OF APPLICANT FOR LICENSE:

DATE OF APPLICATION:

ASSETS: (Give the appraised or current, estimated worth of the following items:)

Real Estate, Land, Houses, Buildings	\$	Accounts Receivable.....	\$
Furniture and Appliances.....	Notes Receivable
Motor Vehicles.....	Prepaid or Donated Expenses.....
Other Movable Equipment	Other Assets, List:
Other Fixed Equipment
Cash on Hand or in Bank Accounts
Savings or Investments.....		

TOTAL AMOUNT OF ASSETS: \$

LIABILITIES: (List the total amounts owed on the following:)

Mortgages	\$	Bank or Other Creditor Loans	\$
Other Property Liens	Other Long-Term Loans, List:.....
Auto/Vehicle Loans
Personal Loans.....

TOTAL AMOUNT OF LIABILITIES: \$

OPERATING EXPENSES: (List the monthly amount of expenses of the following:)

Employees' Salaries.....	\$	Homeowner's / Property Insurance	\$
Proprietor's Salary	Other Insurance.....
Payroll Taxes	Vehicle Leases
Utilities	Contracted Professional Services
Rent.....	Other Expenses, List:
Food Supplies
Non-Food Supplies
Auto Insurance.....		

TOTAL AMOUNT OF ASSETS: \$

INCOME: (List all sources of monthly income available for operation of the facility and/or service:)

Income from fees paid by clients	\$	Income from other sources, List:.....	\$
Income from client fees paid by third parties
Interest Income

TOTAL AMOUNT INCOME: \$

OTHER: Use this space to provide any other information you believe would be helpful in determining your financial solvency and responsibility: _____

CERTIFICATION: The undersigned applicant for license or authorized agent certifies this information to be true, correct and complete to the best of his/her knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT:

DATE OF SIGNATURE: